

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>22029</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>PAUL F LABUDA</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1870 E 19TH</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44114</u>	4. Name, file number, and address of labor organization. Name <u>BCTGM L.U. 19</u> Labor Organization File Number <u>022-303</u> P.O. Box, Building and Room Number, if any _____ Street <u>1870 E 19TH STREET</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44114</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: <u>N/A</u> P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. <u>N/A</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signature

On

8/15/04
Date

216-771-5386
Telephone Number

Name of Person Filing	PAUL F. LABUDA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: MEDICAL MUTUAL OF OHIO
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street: 2060 E 9TH STREET
City: CLEVELAND
State: OHIO ZIP Code + 4: 44115

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: CLEVELAND BAKERS + TEAMSTERS
HEALTH + WELFARE FUND
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street: 1870 E 19TH STREET
City: CLEVELAND
State: OHIO ZIP Code + 4: 44114

11.a. Nature of such dealing.

3RD PARTY ADMINISTRATOR
HEALTH + WELFARE FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ATTENDANCE AT SPORTING EVENT
+ DISCUSSION

12.b. Amount. \$163.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:
Trade Name, if any:
P.O. Box, Bldg., Room No., if any: N/A
Street:
City:
State: ZIP Code + 4:

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

N/A

Name of Person Filing PAUL F. LABUMA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ROBERT W. BAIRD + CO. INC.**
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street **10 WEST BROAD STREET**
City **COLUMBUS**
State **OHIO** ZIP Code + 4 **43215**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **CLEVELAND GARDENS + TRUSTEES PENSION FUND**
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street **1820 E 19TH STREET**
City **CLEVELAND**
State **OHIO** ZIP Code + 4 **44114**

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

VENDOR SPONSORED DINNER AND DISCUSSION

12.b. Amount. **\$ 150.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: **N/A**
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

N/A

Name of Person Filing PAUL F. LABUDA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **CLEVELAND BAKERS + TEAMSTERS PENSION FUND**
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street **1870 E 19TH STREET**
City **CLEVELAND**
State **OHIO** ZIP Code + 4 **44114**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **CLEVELAND BAKERS + TEAMSTERS MONTHLY WELFARE + PENSION FUND**
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street **1870 E 19TH STREET**
City **CLEVELAND**
State **OHIO** ZIP Code + 4 **44114**

11.a. Nature of such dealing.

PENSION TRUST

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**PER DIEM EXPENSES FOR
ATTENDANCE AT NATIONAL LABOR
AND MANAGEMENT CONFERENCE**

12.b. Amount.

\$870.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: **N/A**
Street: _____
City: _____
State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

N/A

Name of Person Filing PAUL F. LAGUDA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **INDEPENDENT FINANCIAL SERVICES, INC.**
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street **805 15TH STREET N.W.**
City **WASHINGTON**
State **D.C.** ZIP Code + 4 **20005**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **CLEVELAND BANCORP + REAL ESTATE TRUST
+ WELFARE AND PENSION FUNDS**
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street **1870 E 19TH STREET**
City **CLEVELAND**
State **OHIO** ZIP Code + 4 **44114**

11.a. Nature of such dealing.

INVESTMENT ADVISOR

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**CLIENT CONFERENCE
MEALS + ACTIVITIES**

12.b. Amount.

\$661.70

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: **N/A**
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

N/A

Name of Person Filing

PAUL F. LABUDA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BOYD WILKINSON ASSET MANAGEMENT, LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1801 E 9TH STREETCity CLEVELANDState OHIOZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CLEVELAND BARBERS + TENDERS HALL
AND WELFARE AND PENSION FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19TH STREETCity CLEVELANDState OHIOZIP Code + 4 44114

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

VENDOR SPONSORED DINNER +
DISCUSSION

12.b. Amount.

\$127.15

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

N/A13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

N/A

Name of Person Filing

PAUL F. LABORDA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BOYD WATSON JARVIS MANAGEMENT, LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1801 E 9TH STREET

City CLEVELAND

State OHIO

ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CLEVELAND BUSINESS + TRUSTEES HEALTH

+ WELFARE AND PENSIONAL FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19TH

City CLEVELAND

State OHIO

ZIP Code + 4 44114

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

VENDOR SPONSORED DINNER
+ DISCUSSION

12.b. Amount. \$175.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street N/A

City

State

ZIP Code + 4

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

N/A

Name of Person Filing PAUL F. LABUDA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name BOYD WATKINSON ASSET MANAGEMENT, LLC</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1801 E 9TH STREET</p> <p>City CLEVELAND</p> <p>State OHIO ZIP Code + 4 44114</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name CLEVELAND PARKLAND + TRUSTEES HEALTH AND WELFARE + PENSION FUNDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1870 E 19TH STREET</p> <p>City CLEVELAND</p> <p>State OHIO ZIP Code + 4 44114</p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;">INVESTMENT MANAGER</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em;">VENDOR SPONSORED EVENT AND DISCUSSION</p>
	<p>12.b. Amount. \$842.66</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any N/A</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p style="font-size: 1.5em;">N/A</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="font-size: 1.5em;">N/A</p>

Name of Person Filing PAUL F. LABUOA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name FALKNER, MUSKOVITZ & PHILLIPS, LLP.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 820 W SUPERIOR AVE</p> <p>City CLEVELAND</p> <p>State OHIO ZIP Code + 4 44113</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name BCTEM LOCAL UNION NO. 19</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1870 E 19TH STREET</p> <p>City CLEVELAND</p> <p>State OHIO ZIP Code + 4 44114</p>	<p>11.a. Nature of such dealing.</p> <p>LEGAL COUNCIL FOR LABOR ORGANIZATIONS</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>HOLIDAY GIFT</p> <p>12.b. Amount. \$50.95</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any: N/A</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>N/A</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>N/A</p>

Name of Person Filing PAUL E. LABUDA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **INDEPENDENT FINANCIAL SERVICES INC.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **805 15TH STREET N.W.**

City **WASHINGTON**

State **D.C.** ZIP Code + 4 **20005**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **CLEVELAND BANKERS & TRUSTERS TRUST**
+ WELFARE AND PENSION FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1820 E 19TH STREET**

City **CLEVELAND**

State **OHIO** ZIP Code + 4 **44114**

11.a. Nature of such dealing.

INVESTMENT ADVISOR

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

HOLIDAY GIFT

12.b. Amount.

\$500.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

N/A

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐

or Consultant ☐ ?

14.b. Amount of payment.

N/A

Name of Person Filing

PAUL F. LAZARDA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CLEVELAND BARBERS + TRANSFER PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19TH STREET

City CLEVELAND

State OHIO ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CLEVELAND BARBERS + TRANSFER PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19TH STREET

City CLEVELAND

State OHIO ZIP Code + 4 44114

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

CONFERENCE REGISTRATION

12.b. Amount.

\$90.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

N/A

Name of Person Filing PAUL E. LABENNA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: **BAKERS LOCAL 19 C.E.R. FUND**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: **1870 E 19TH STREET**

City: **CLEVELAND**

State: **OHIO** ZIP Code + 4: **44114**

9. Business deals with:

☒ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: **BCTGM LOCAL UNIONS NO. 19 C.E.R. FUND**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: **1870 E 19TH**

City: **CLEVELAND**

State: **OHIO** ZIP Code + 4: **44114**

11.a. Nature of such dealing.

TAFT HARDEN FUND IN WHICH I AM A PARTICIPANT IN + TRUSTEE OF

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

POST HOLIDAY LUNCHEON

12.b. Amount. **\$05.54**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: N/A</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p style="text-align: center; font-size: 2em;">N/A</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="text-align: center; font-size: 2em;">N/A</p>

Name of Person Filing

PAUL F. LABUDA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: BAKERS LOCAL 19 C.A.R. FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 1870 E 19TH STREET

City: CLEVELAND

State: OHIO ZIP Code + 4: 44114

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: BAKERS LOCAL UNION NO. 19 C.A.R. FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 1870 E 19TH STREET

City: CLEVELAND

State: OHIO ZIP Code + 4: 44114

11.a. Nature of such dealing.

TAFT HARTLEY FUND IN WHICH
I AM A PARTICIPANT AND
TRUSTEE OF

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DINNER FOR STAFF AT TRUST
SPONSORED EVENT OUT OF TOWN

12.b. Amount.

\$46.13

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

N/A

Street:

City:

State:

ZIP Code + 4:

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment

N/A

Name of Person Filing PAUL F. LABUDA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BARKERS LOCAL 19 C.E.R. FUND**
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street **1870 E 19TH STREET**
City **CLEVELAND**
State **OHIO** ZIP Code + 4 **44114**

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **BCTGM LOCAL UNION NO. 19 C.E.R. FUND**
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street **1870 E 19TH STREET**
City **CLEVELAND**
State **OHIO** ZIP Code + 4 **44114**

11.a. Nature of such dealing.

TRUST HARTLEY FUND IN WHICH I AM A PARTICIPANT IN + TRUSTEE OF

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DINNER FOR STAFF AT TRUST SPONSORED EVENT OUT OF TOWN

12.b. Amount. **\$40.33**

C. Received from any employer (other than a 1 employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street **N/A**
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

N/A